
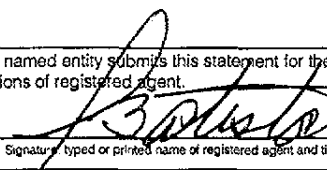
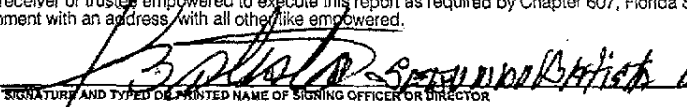


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000099511		
1. Entity Name OPEN HORIZENS CENTER, INC.		
Principal Place of Business 1401 SW 107TH AVENUE SUITE 301-H MIAMI, FL 33174	Mailing Address 1401 SW 107TH AVENUE SUITE 301-H MIAMI, FL 33174	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BATISTA, SEGUNDO 1401 SW 107TH AVENUE SUITE 301-H MIAMI, FL 33174		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) Signature typed or printed name of registered agent and title if applicable		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000520685 05/02/06-80105-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATISTA, SEGUNDO 1401 SW 107TH AVENUE MIAMI, FL 33174	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.		
SIGNATURE:  04/17/06 (205) 207-3540 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #